
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

STATE OF IDAHO, Department of
Health and Welfare,

Petitioner,
vs.

Respondent(s).

Petitioner or Co-Petitioner,
vs.

Respondent or Co-Petitioner.

NOTICE OF HEARING
MOTION TO CONSOLIDATE

Case No. _____

Case No. _____

The Motion to Consolidate will be heard on the _____ day of _____
_____, 20____, at the hour of _____ .m., at the _____ County
courthouse, located at (street address) _____,
_____, Idaho.

Date: _____

Typed/printed name

Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____, I served a copy to: (name all parties in the case other than yourself)

State of Idaho, Department of Health
And Welfare, Division of Child Support
Enforcement

- By mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- By mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

- By mail
- By personal delivery
- By fax (number) _____

(Street or Post Office Address)

(City, State, and Zip Code)

Typed/printed name

Signature